SAUK COUNTY HEALTH CARE CENTER - FDD

S4555 HI GHWAY CH

REEDSBURG 53959 Ownershi p: Phone: (608) 524-4371 County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: **FDDs** Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/01): 23 Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/01): 23 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 21 Average Daily Census: 23 \* \*

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	14. 3
Supp. Home Care-Personal Care	No					1 - 4 Years	4. 8
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	61. 9	More Than 4 Years	81. 0
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	19. 0	T	
Respite Care	No	Mental Illness (Other)	0. 0	75 - 84	19. 0	ľ	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	0. 0	************	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	0. 0	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0	ĺ		Nursing Staff per 100 Res	i dents
Home Delivered Meals	No	Fractures	0.0		100. 0	$(12/3\hat{1}/01)$	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	38. 1		
Transportati on	No	Cerebrovascul ar	0.0			RNs	2.4
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	15. 2
Other Services	No	Respi ratory	0.0			Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	0.0	Male	47.6	Aides, & Orderlies	61. 2
Mentally Ill	No			Female	52. 4		
Provi de Day Programming for			100.0		j		
Developmentally Disabled	Yes				100.0		
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## Method of Reimbursement

		ledicare litle 18			edicaid itle 19		0ther		Pri vate Pay		Family Care		Managed Care							
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of s All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0.0	0	0	0.0	0	0	0. 0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				21	100.0	138	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	21	100. 0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	t 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	0	0.0		21	100.0		0	0.0		0	0.0		0	0.0		0	0.0		21	100. 0

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Admi ssi ons, Di scharges, and		Percent Distribution	of Residents'	Condi t	ions, Services	, and Activities as of 12	/31/01
Deaths During Reporting Period							
				1	% Needi ng		Total
Percent Admissions from:		Activities of	%		sistance of	<i>J</i>	Number of
Private Home/No Home Health	16. 7	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	<b>50.</b> 0	Bathi ng	0. 0		<b>52. 4</b>	47. 6	21
Other Nursing Homes	0.0	Dressi ng	14. 3		47. 6	38. 1	21
Acute Care Hospitals	16. 7	Transferri ng	38. 1		33. 3	28. 6	21
Psych. HospMR/DD Facilities	0.0	Toilet Use	38. 1		14. 3	47. 6	21
Rehabilitation Hospitals	0.0	Eating	<b>57.</b> 1		19. 0	23. 8	21
Other Locations	16. 7	****************	******	*****	*****	**********	******
Total Number of Admissions	6	Conti nence		%	Special Trea		%
Percent Discharges To:		Indwelling Or Externa		4.8		Respi ratory Care	9. 5
Private Home/No Home Health	22. 2	0cc/Freq. Incontinent		71.4		Tracheostomy Care	0.0
Private Home/With Home Health	11. 1	0cc/Freq. Incontinent	of Bowel	38. 1	Recei vi ng		0. 0
Other Nursing Homes	0.0					Ostomy Care	0. 0
Acute Care Hospitals	11. 1	Mobility				Гube Feedi ng	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	38. 1	Recei vi ng	Mechanically Altered Diets	81.0
Rehabilitation Hospitals	0.0						
Other Locations	22. 2	Skin Care				nt Characteristics	
Deaths	33. 3	With Pressure Sores		0. 0		ce Directives	4. 8
Total Number of Discharges	_	With Rashes		14. 3	Medi cati ons		
(Including Deaths)	9				Recei vi ng	Psychoactive Drugs	33. 3

	Thi s		DD	_ :		
	Facility		ilities		lties	
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	78. 4	84. 6	0. 93	84. 6	0. 93	
Current Residents from In-County	57. 1	41. 3	1. 39	77. 0	0.74	
Admissions from In-County, Still Residing	33. 3	17. 0	1. 96	20. 8	1.60	
Admissions/Average Daily Census	26. 1	18. 6	1.40	128. 9	0. 20	
Di scharges/Average Daily Census	39. 1	22. 2	1. 77	130. 0	0. 30	
Discharges To Private Residence/Average Daily Census	13. 0	9. 4	1. 39	52. 8	0. 25	
Residents Receiving Skilled Care	0. 0	0.0	0.00	85. 3	0.00	
Residents Aged 65 and Older	38. 1	15. 8	2. 40	87. 5	0. 44	
Title 19 (Medicaid) Funded Residents	100. 0	99. 3	1. 01	68. 7	1.46	
Private Pay Funded Residents	0. 0	0. 5	0.00	22. 0	0.00	
Developmentally Disabled Residents	100. 0	99. 7	1. 00	7. 6	13. 19	
Mentally Ill Residents	0. 0	0. 2	0.00	33. 8	0.00	
General Medical Service Residents	0. 0	0. 1	0.00	19. 4	0.00	
Impaired ADL (Mean)*	55. 2	50. 6	1. 09	49. 3	1. 12	
Psychological Problems	33. 3	46. 6	0. 71	51. 9	0. 64	
Nursing Care Required (Mean)*	13. 1	11. 0	1. 19	7. 3	1. 78	